



CLAIM AGAINST THE CITY OF SAN DIEGO
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

**Present claim by personal delivery or mail to the City of San Diego, Risk Management Dept.,
1200 Third Ave., Suite 1000, San Diego, CA 92101.**

Received via:

- U.S. Mail
- Inter-Office Mail
- Over-the-Counter

TIME STAMP

FILE No. _____

TO THE HONORABLE MAYOR AND CITY COUNCIL, the City of San Diego, California

I, Raymond Lutz, hereby make a claim against the City of San Diego and make the following statements in support of the claim:

1. CLAIMANT INFORMATION

- a. Claimant's Name: Raymond Lutz
- b. Post Office Address of Claimant: 1010 Old Chase Ave.
El Cajon, CA 92020
(CITY) (STATE) (ZIP)
- c. Claimant's Home Phone No.: 619-820-5321 cell
- d. Claimant's Business Phone No.: 619-447-3246
- e. Post Office address to which the person presenting the claim desires notices to be sent, if different than above: _____
- f. Social Security No.: [REDACTED]
- g. Date of Birth: 08-23-1957
- h. Driver's License No.: [REDACTED]

2. CIRCUMSTANCES GIVING RISE TO THE CLAIM

- a. Date of the occurrence or transaction which gave rise to the claim: 11/29/2011
- b. Time of the occurrence or transaction which gave rise to the claim: 1:30 pm
- c. Place of occurrence or transaction (please be specific): Civic Center Plaza
1200 3rd Ave, San Diego, CA 92101

- d. Other circumstances of the occurrence or transaction giving rise to the claim: _____
Registering voters in the town square.

3. DESCRIPTION OF CLAIM

- a. General description of the indebtedness, obligation, injury, damage or loss incurred:
Civil Rights violation -- False Arrest -- False Imprisonment -- Unlawful Arrest

- b. The name or names of the public employee or employees causing the claimant's injury, damage, or loss, if known, are: Jane and John Does

- c. Damages [please choose one]:
 The amount claimed is less than \$10,000.
The amount of the claim as of the date of this claim is \$_____. This figure is based on the following: _____

 The amount claimed is more than \$10,000.
Please state if the claim would be a limited civil case¹. _____
- d. Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, and hospitals: _____
See attached statement.

- e. Please attach and/or provide any additional information that may be helpful in considering your claim including proof of damages such as invoices, receipts, and estimates.

WARNING: It is a criminal offense to file a false claim (Cal. Penal Code § 72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Dated: 2012-01-27

Signature of Claimant or Person Acting On Behalf
of Claimant

¹ Limited civil cases are discussed in California Code of Civil Procedure § 85.